

834

## BUREAU OF VITAL STATISTICS

## ARIZONA STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Pima

State

State File No. 187

District or Township

or Village

Local Registrar's No. 113City Miami

No.

St.

## 2. FULL NAME

Martin Clifford Key Jr

If death occurred in a hospital or institution, give its NAME instead of street and number.

(a) Residence, No. 1619 Ohio ST

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR or RACE

white5. SINGLE/MARRIED, WIDOWED or DIVORCED.  
(Write the word)6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day and year)

## 7. AGE

Years

Months

Days

IF LESS than 1  
day hrs.  
or min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry,  
business or establishment in  
which employed (or employer)  
(c) Name of employer9. BIRTHPLACE (city or town)  
(State or country)

## 10. NAME OF FATHER

11. BIRTHPLACE OF FATHER  
(State or country)

## 12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER  
(State or country)

## 14. Informant

(Address)

## 15. Filed

Apr 16

19

29

19

29

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

April 161929

## 17. I HEREBY CERTIFY, That I attended deceased from

April 8, 1929 to Apr 16, 1929that I last saw him alive on Apr 15, 1929and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH\* was as follows:

Pneumonia(duration) yrs. mos. 7 ds.

## CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
If not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) J. F. Miller M. D.April 16 19 29 (Address) Miami, Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

## 19. PLACE OF BURIAL, CREMATION OR REMOVAL

Funeral Cemetery

## DATE OF BURIAL

4/20/29

## 20. UNDERTAKER

J. F. Miller

## ADDRESS

Miami

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.